

To: Potential Worksites  
From: Tom Harris, Assistant Director  
Date: April 2010

RE: 2010 Summer Youth Employment Program

The Saratoga County Department of Employment and Training is recruiting various school, government and non-profit agencies who are interested in being considered as a worksite for the 2010 Summer Youth Employment Program.

Sites that have meaningful work and can offer a well supervised employment opportunity are encouraged to complete the attached application and return it to this office by May 3, 2010.

**Note that funding for the 2010 Summer Youth Employment Program is contingent upon both state and federal legislative action and, given that uncertainty, it is not clear what size program might be supported. We are accepting applications and hope to have a better idea as things develop.**

If you have any questions please call us at 884-4902.

**Saratoga County Department of Employment and Training**  
**SUMMER WORKSITE APPLICATION**  
**6/28/10-8/20/10**

**I. AGENCY REQUESTING ASSISTANCE**

A) AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT Name/ Title: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

B) DESCRIPTION OF AGENCY

(Type of agency/ experience with youth employment): \_\_\_\_\_

**II. JOB DESCRIPTION**

A) THE JOB DESCRIPTION SHOULD BE DETAILED AND SPECIFIC AND MUST CONTAIN THE FOLLOWING INFORMATION: (A blank form exists at the end of this application for your convenience, or you may attach your own.)

- |  |   |
|--|---|
| 1) Job Title and # positions requested                         | 2) Examples of Work                         |
| 3) Basic skills, work readiness & occupational skills utilized | 4) Required knowledge, skills and abilities |
| 5) Special Requirements  |   |

**III. SAFETY**

Saratoga County DET is very concerned with the safety of our participants. Strict adherence to safety procedures is expected at all times.

**Participants must be provided with safety equipment where appropriate (i.e. work gloves, reflective vests, safety glasses). Any specialized training required to enable participant to safely and satisfactorily perform on the job is the responsibility of the worksite.**

LIMITATIONS ON EMPLOYMENT OF MINORS:\*

(A) YOUTH UNDER 18 MAY NOT:

- work from ladders, scaffolds, or elevated surfaces
- load or unload goods to or from trucks
- operate circular saws

(B) YOUTH UNDER 16 MAY NOT:\*

- work in warehouse operations except office and clerical activities
  - operate power-driven machinery (i.e. lawn mowers)
- Please identify any above activities, as applicable, in job description.

\*NOTE: These are only samples of limitations. Worksites are responsible for complying with New York State and/or Federal laws (including OSHA) governing the employment of minors.

#### IV. SUPERVISION

Immediate supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Title and Qualifications: \_\_\_\_\_

Alternate supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Title and Qualifications: \_\_\_\_\_

#### V. SCHEDULE

NOTE: Given the following guidelines please indicate the schedule you are requesting that participants are assigned to your site.

- (1) Youth can work up to 25 hours per week (unless additional hours are authorized by DET).
- (2) Youth under 18 can work no more than 8 hours per day.
- (3) Youth 14 and 15 cannot work between 9 PM and 7 AM.
- (4) Youth 16 and 17 cannot work between midnight and 6 AM.
- (5) Youth scheduled to work six (6) hours in a given day must be given at least one half hour for a lunch break.

A) Schedule Requested For Participants Assigned to your Site:

(Morning)			(Afternoon)	
BEGIN	END	LUNCH BREAK (If Required)	BEGIN	END

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

B) The summer employment component is scheduled to operate from June 28, 2010 to August 20, 2010. On a case by case basis, DET has allowed limited exceptions to the June 28th start date. **End date is contingent on funding.**

Do you request youth to start before June 28th?

☐ NO ☐ YES (explain) \_\_\_\_\_

Does your worksite shut down anytime between June 28<sup>th</sup> - August 20<sup>th</sup>?

☐ NO ☐ YES (explain) \_\_\_\_\_

Does your program end before August 20<sup>th</sup>? **Eight weeks of program is dependent on government funding.**

☐ NO ☐ YES (explain) \_\_\_\_\_

Is there an alternate worksite at which the participants can be placed during vacation or shutdown? If so, state site and exact location:

C) Are provisions made for inclement weather? ☐ YES ☐ NO ☐ N/A

Please state what the participants will do in case of inclement weather:

## VI. WORKSITE INFORMATION SECTION

The DET office shall send copies of the attached "This is my Worksite Assignment" to all youth assigned to your worksite. **Please complete a "Worksite Assignment" form for each job title requested.**

Did you complete the enclosed "Worksite Assignment" Form? ☐ YES ☐ NO

## VII. FUNDING

A) Does your agency have funds from any other source for the position requested?  
☐ YES ☐ NO

B) Has this position ever been funded through any other source?  
☐ YES ☐ NO Other funding source: \_\_\_\_\_

C) Do any layoffs or work stoppages exist at your agency? ☐ YES ☐ NO

## VIII. TRANSPORTATION

A) Is travel involved in this position? ☐ YES ☐ NO

B) If yes, is transportation provided for this position? ☐ YES ☐ NO

## IX. EQUAL EMPLOYMENT OPPORTUNITIES

A) Is your agency or worksite accessible to the handicapped? YES ☐ NO ☐

B) Is there a grievance procedure in place in your agency? YES ☐ NO ☐

IF NO, interested parties and participants are entitled to use DET's grievance procedure.

C) Is your agency aware of Workforce Investment Act's special emphasis on serving women, minorities, offenders, handicapped, public assistance recipients, older workers, youth, veterans and other disadvantaged groups?  
☐ YES ☐ NO

NOTE: WIA Subrecipients cannot discriminate with respect to any participant because of race, creed, color, national origin, sex, political affiliation or belief.

## X. CERTIFICATE OF INSURANCE

Saratoga County requires that each worksite applicant meet specific liability provisions: refer to attached sample insurance certificate. Please submit your insurance certificate with the application.

**Your application will not be considered without this insurance certificate on file.**

Is the Certificate of Insurance enclosed? ☐ YES ☐ NO

If not, please explain: \_\_\_\_\_

## XI. SIGNATURE

The agency's authorized representative hereby certifies that the information in this application is correct to the best of his/her knowledge and belief. The agency further certifies that compliance with applicable labor laws is the responsibility of the worksite.

\_\_\_\_\_  
Signature of Authorized Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed/ Printed Name of Authorized Agency Representative

# JOB DESCRIPTION

Name of Worksite: \_\_\_\_\_

1) Job title: \_\_\_\_\_ # of positions requested: \_\_\_\_\_

2) Examples of work:

3) Basic skills, work readiness skills, and occupational skills utilized in this position:

4) Required Knowledge, Skills, and Abilities:

5) Special Requirements: (i.e. uniforms, mandatory training)

**2010 Summer Youth Employment Program**  
**Labor Union Endorsement of Proposal**  
**Workforce Investment Act - Saratoga County Department of Employment and Training**

WORKSITE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ Number of Positions Requested: \_\_\_\_\_

Are employees at this worksite represented by a collective bargaining unit (labor union)?

\_\_\_\_\_ YES (Complete Section I)

\_\_\_\_\_ NO (Complete Section II)

**Section I Union Endorsement (to be completed by Union Representative)**

As the authorized bargaining agent for the union in existence at this agency, I have reviewed this proposal and have determined that it does not infringe upon the rights of any union member covered under our collective bargaining agreement.

Name of Union: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II Agency Endorsement (To be completed if no union exists at your agency)**

If Employees at this agency are not represented by a labor union, the authorized agency representative must sign below.

Agency Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This endorsement will become a part of your contract with DET pending approval of your summer worksite proposal. This must be attached to your Summer Worksite Proposal.**

Name of Employee \_\_\_\_\_

# This is my worksite assignment:

My Assigned Worksite \_\_\_\_\_

My Job Title \_\_\_\_\_

My Supervisor’s Name \_\_\_\_\_

The Worksite Phone Number is \_\_\_\_\_

My First Day of Work is \_\_\_\_\_

I Will Report At (exact time and location) \_\_\_\_\_

My Work Schedule is:

(Morning)		Lunch Break	(Afternoon)	
BEGIN	END	(if required)	BEGIN	END
Monday_____				
Tuesday_____				
Wednesday_____				
Thursday_____				
Friday_____				
Saturday_____				
Sunday_____				

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